

PHA Plans

5 Year Plan for Fiscal Years 2000 - 2004
Annual Plan for Fiscal Year 2000

South Bend Housing Authority (IN015)

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: South Bend Housing Authority

PHA Number: IN015

PHA Fiscal Year Beginning: (10/01/2000)

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☒ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004

[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is: (state mission here)
THE MISSION OF THE SOUTH BEND HOUSING AUTHORITY IS TO RESPECT AND SERVE PEOPLE OF LOW AND MODERATE INCOME BY PROVIDING SAFE, DECENT HOUSING. IT IS A PRINCIPLE GOAL OF THE HOUSING AUTHORITY TO PROVIDE AN ENVIRONMENT, WHICH PROMOTES POSITIVE LEARNING AND SELF-SUFFICIENCY AS QUICKLY AS POSSIBLE.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers:
 - ☒ Reduce public housing vacancies:
 - ☒ Leverage private or other public funds to create additional housing opportunities:
 - X Acquire or build units or developments
 - X Other (list below) **Implement section 8 homeownership program and assist families by use of self-sufficiency plan/contract for both PH and Section 8 programs.**

☒ PHA Goal: Improve the quality of assisted housing

Objectives:

- ☒ Improve public housing management: (PHAS score)
- ☒ Maintain Voucher Management Score as High performer: (SEMAP score)
- ☒ Increase customer satisfaction:
 - ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
- ☒ Demolish or dispose of obsolete public housing:
- ☒ Provide replacement public housing:
- ☒ Provide replacement vouchers:
- ☐ Other: (list below)

- ☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☒ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords
- ☒ Increase voucher payment standards
- ☒ Implement voucher homeownership program:
- ☒ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☒ Other: (list below)

SBHA will designate 95% of its single-family homes as potential homeownership units.

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment

Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments, where warranted:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: where warranted:
- ☒ Implement public housing security improvements:
 - ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Elderly and disabled.
- ☒ Other: (list below) ***SBHA will adopt ceiling rents for all of its housing.***

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- ☒ Increase the number and percentage of employed persons in assisted families:
 - ☒ Provide or attract supportive services to improve assistance recipients' employability:
 - X Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - X Other: (list below) ***Implement the structure of the FSS plan and objectives for public housing residents.***

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
 - ☒ Other: (list below) ***SBHA is currently adding an additional 16 single person handicapped accessible units to its inventory and will continue to monitor the overall need for such units.***

Other PHA Goals and Objectives: (list below)

Implement a Section 8 Homeownership Program

Designate 95% of all PHA's single-family units as homeownership units

**Annual PHA Plan
PHA Fiscal Year 2000**

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
- ☐ **Small Agency (<250 Public Housing Units)**
- ☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

South Bend Housing Authority
Executive Summary

The South Bend Housing Authority has prepared this agency plan in compliance with section 511 of the quality housing and work responsibility act of 1998 and the ensuing HUD requirements. We have adopted the following mission statement that guides the goals and activities of the South Bend Housing Authority:

MISSION STATEMENT: *The mission of the South Bend Housing Authority is to respect and serve people of low and moderate income by providing safe, decent housing. It is a principle goal of the housing authority to provide an environment, which promotes positive learning and self-sufficiency as quickly as possible.*

In order to achieve this mission, the South Bend Housing Authority (SBHA) has established goals to:

Goal One: Manage SBHA's existing public housing and section 8 programs in an efficient and effective manner thereby qualifying as a high performer.

Goal Two: Provide a safe and secure environment in SBHA's public housing developments.

Goal Three: Increase homeownership in South Bend by designating 95% of

all single family homes as homeownership homes.

Goal Four: Begin implementation of an entity-wide Family Self-Sufficiency Program that mirrors the QHAWRA and welfare to work concepts and obligations.

Goal Five: Continue to ensure that HUD and statutory mandates are implemented in a fair and impartial manner.

Goal Six: Increase the ability of SBHA to offer homeownership opportunities to citizens of St. Joseph County by beginning to access HOME and CDBG funding sources and by being designated as a CHDO

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☒ Admissions Policy for Deconcentration (**IN015a01**)
- ☒ FY 2000 Capital Fund Program Annual Statement (**IN015b01, IN015i01**)
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

- ☒ Implementation of Public Housing Resident Community Service Requirement (**IN015c01**)
- ☒ RASS follow-up Plan (**IN015d01**)

Optional Attachments:

- ☒ PHA Management Organizational Chart (**IN015e01**)
- ☒ FY 2000 Capital Fund Program 5-Year Action Plan (**IN015b01**)
- ☒ Public Housing Drug Elimination Program (PHDEP) Plan (**IN015f01**)
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **Included**
- ☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
	Fair Housing Documentation:	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
<input checked="" type="checkbox"/>	Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
<input checked="" type="checkbox"/>	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
<input checked="" type="checkbox"/>	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Public housing grievance procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
<input checked="" type="checkbox"/>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<input checked="" type="checkbox"/>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<input checked="" type="checkbox"/>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<input type="checkbox"/>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	The most recent Public Housing Drug Elimination Program (PHEDep) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
<input checked="" type="checkbox"/>	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<input type="checkbox"/>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access- ibility	Size	Location
Income <= 30% of AMI	7,784	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Income >30% but <=50% of AMI	7,244	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Income >50% but <80% of AMI	5,414	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Elderly	8,609	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Families with Disabilities	2,500	80% have cost burden	855	N/A	N/A	N/A	74% of stock is South Bend
Black/Non Hispanic	20,143	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Hispanic	4,284	80% have cost burden	N/A	N/A	N/A	N/A	74% of stock is South Bend
Other	2,023	N/A	N/A	N/A	N/A	N/A	74% of stock is South Bend

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset

- ☒ American Housing Survey data
Indicate year: 1999
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	336		
Extremely low income <=30% AMI	302	90%	
Very low income (>30% but <=50% AMI)	33	10%	
Low income (>50% but <80% AMI)	01	.30%	
Families with children	249	74%	
Elderly families	79	24%	
Families with Disabilities	8	2%	
White	128	38%	
Black/Non Hispanic	198	59%	
Hispanic	09	.3%	
Asian	01	.30	
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR	40	12%	
2 BR	147	44%	
3 BR	80	24%	
4 BR	40	12%	
5 BR	30	8%	
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p><input checked="" type="checkbox"/> Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/subjurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	1879		
Extremely low income <=30% AMI	1835	95.52	
Very low income (>30% but <=50% AMI)	74	3.852	
Low income (>50% but <80% AMI)	0	0	
Families with children	1530	79.64	
Elderly families	96	4.99	
Families with			

Housing Needs of Families on the Waiting List			
Disabilities	278	14.471	
Asian	5	.26	
Black/Non Hispanic	1595	83.029	
White	307	15.981	
Hispanic	14	.728	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development

- ☒ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☒ Other (list below) *Have developed a Force Account Labor team to lower cost of bringing units online.*

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below) *1) Establish ceiling rents. 2) Employ admissions policy aimed at families who will establish a 5-year plan to become self-sufficient.*

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)	3,551,499	
a) Public Housing Operating Fund	1,905,127	
b) Public Housing Capital Fund	1,460,772	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
e) Annual Contributions for Section 8 Tenant-Based Assistance	N/A	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	185,600	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CGP FY96	0	
CGP FY97	0	
CGPFY98	128,997.51	Capital Improvement
3. Public Housing Dwelling Rental Income		
	1,054,090	Operations
4. Other income (list below)		
Interest	60,620	Operations
Other	55,140	Operations
4. Non-federal sources (list below)	0	
Total resources	5840763.32	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☒ When families are within a certain time of being offered a unit: (***90 days in advance***)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other (describe) ***Previous Residency in PH and landlord report***

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☒ Other (list below) ***Will accommodate disabled.***

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

- If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously
 If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- ☐ PHA main administrative office
 - ☐ All PHA development management offices
 - ☐ Management offices at developments with site-based waiting lists
 - ☐ At the development to which they would like to apply
 - ☐ Other (list below)

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- ☐ One
 - ☒ Two
 - ☐ Three or More
- b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
- ☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- ☒ Emergencies
 - ☒ Overhoused
 - ☒ Underhoused
 - ☒ Medical justification
 - ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
 - ☐ Resident choice: (state circumstances below)
- x Other: (list below) ***Incentive Transfer; based on a committee recommendation, a resident can be moved from a development to a scattered site homeownership home.***

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

☒ Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

- ☒ 1 Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☒ Other (list) *Anytime income rises more than \$100/month.*

(6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☒ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists
If selected, list targeted developments below:
- ☐ Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☒ Other (list policies and developments targeted below)

SBHA will continually (monthly) monitor its income levels in all units/developments. If, after HUD publishes threshold levels and/or income band regulations, SBHA will comply with such regulations and definitions and/or seek voluntary relocation from residents to come within acceptable concentrations.

d. ☒ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to (d) was yes, how would you describe these changes? (select all that apply)

- ☒ Additional affirmative marketing
- ☒ Actions to improve the marketability of certain developments
- ☒ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☒ List (any applicable) developments below: SBHA will always seek to maximize low-income families integration.

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below) Prior participation and back due balances

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity
- ☒ Other (describe below) *Provide references of any prior PH tenants (rent, housekeeping)*

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program

☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance?
(select all that apply)

☒ PHA main administrative office

☒ Other (list below) *Will accommodate disabled.*

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

One extra 60-day period. Up to 120 days total.

If yes, state circumstances below:

Family unable to locate unit. Reasonable accommodations.

(4) Admissions Preferences

a. Income targeting

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

☐ Victims of domestic violence

☐ Substandard housing

☐ Homelessness

☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

- ☒ Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- 1** Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application

☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
☒ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
☒ Other (list below) *Direct contact with local agencies that work with the specific groups for which vouchers have been applied.*

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☒ \$1-\$25
☐ \$26-\$50

2 ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☒ Yes ☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Residents have the option of either flat rents, ceiling rents and/or income-based rent.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
☒ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads

- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☒ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never

- ☒ At family option
- ☐ Any time the family experiences an income increase
- ☒ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) ***\$100 or more a month increase***
- ☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
 - ☒ The section 8 rent reasonableness study of comparable housing
 - ☒ Survey of rents listed in local newspaper
 - ☒ Survey of similar unassisted units in the neighborhood
 - ☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☒ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☒ Other (list below) ***To help foster self-sufficiency.***

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☒ \$1-\$25
- ☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached. **(IN015a05)**
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	830	287
Section 8 Vouchers	1358	240
Section 8 Certificates	140	15
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)	853	287
Other Federal Programs(list individually)		
Turnkey III	8	0

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

SBHA Maintenance and Preventative Maintenance Plan

(2) Section 8 Management: (list below)

Section 8 Administrative and Continuing Occupancy Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☒ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

Use of outside agency/individuals and resident services staff as hearing officers.

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- ☒ PHA main administrative office
- ☐ PHA development management offices
- ☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☒ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

Use of outside agency/individuals and resident services staff as hearing officers.

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability

of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (**IN015b01**)

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (**IN015b01, IN015i01**)

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

South Bend Housing Authority has applied for HOPE VI funds for demolition of units.

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

☒ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below: ***Acquisition and construction using CDBG/HOME funds and private foundation resources.***

☒ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below: ***Acquisition and construction using CDBG/HOME funds and private foundation resources.***

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description: ***The Northwest Revitalization Project seeks to bring South Bend Housing Authority’s (SBHA) Northwest Apartment Development (IN36P015003) into parity with other developments that are emerging in the area. As part of an overall modernization effort by SBHA to make the development site, individual units, and their configuration more marketable, while at the same time, providing rationale for residents to take a greater degree of ownership in their housing, this application describes the first of three distinct phases. SBHA seeks to demolish 8 units that are currently***

occupied. All units proposed for demolition are within the Northwest Development (IN36P015003) of which there are 44 total units.

- ☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Northwest
1b. Development (project) number: IN36P015003
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(04/04/97)</u>
5. Number of units affected: 8
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity: Start is 08/2000 End Date is Nov/2000

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each

development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number
2. Designation type:
Occupancy by only the elderly <input type="checkbox"/>
Occupancy by families with disabilities <input type="checkbox"/>
Occupancy by only elderly families and families with disabilities
3. Application status (select one)
Approved; included in the PHA’s Designation Plan
Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one)
<input type="checkbox"/> New Designation Plan
<input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one)
<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each

identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1 ☒ Yes ☐ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

☒ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 95% of All Single Family Homes 1b. Development (project) number: All IN015
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input checked="" type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program

<input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (15/04/2000)
5. Number of units affected: 95% of 539 6. Coverage of action: (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: *To be developed.*

a. Size of Program

- ☒ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26 - 50 participants
☒ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

- ☒ Yes ☐ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:

To be developed during this year.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☒ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☒ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☒ Preference/eligibility for public housing homeownership option participation
- ☒ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Housing University (Job Preparation)	200	Register	Transportation provided	No; Residents get preference
Family Literacy (GED)	35	Sign-up	“	Families
Memorial Health System	853	Sign-up	Walk-ins	“
Workforce Development	250	Sign-up	Walk-ins	“
Real Services	50	Walk-in	Delivered	“
Public Library	270	Walk-up	Walk-up	“
Churches	75	Sign-up	Delivered	“
Sorority	50	Sign-up	Delivered	“
South Bend School Corporation	250	Sign-up	Site Specific	“
VNA	10	Contracted	Delivered	Residents only
SB Police Dept.	300	Sign-up	Delivered	“
Notre Dame & Saint Mary’s	300	Sign-up	Delivered/Transported	“
Indiana University	853	Sign-up	Delivered	“
Bethel College	60	Sign-up	Delivered	“
Boys & Girl Scouts	75	Sign-up	Transportation	“
ISTEP+ Remediation	50	Sign-up	Delivered	“
Purdue University	75	Sign-up/referral	Delivered	“
Homework Center	125	Sign-up/walk-in	Delivered	“
Senior Computer Classes	20	Sign-up/walk-in	Delivered	“
Youth Sports	150	Sign-up	Delivered	“
Elkhart County Grizzlies Football Club	45	Sign-up	Delivered	“
Bike Club	40	Sign-up	Delivered	“

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	N/A	N/A
Section 8	25	20 as of 12/06/99

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- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

- The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
 - ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☒ Informing residents of new policy on admission and reexamination
 - ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

- Describe the need for measures to ensure the safety of public housing residents (select all that apply)
 - ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
 - ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
 - ☐ Residents fearful for their safety and/or the safety of their children
 - ☒ Observed lower-level crime, vandalism and/or graffiti
 - ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
 - ☒ Other (describe below) *Security cameras, police patrols, crime hotline.*

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

All developments are subject to the same type of activity. There is a fluctuation of activity that is monitored and responded to by the allocation of additional resources to any area that warrants such.

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

All developments are subject to the same type of activity. There is a fluctuation of activity that is monitored and responded to by the allocation of additional resources to any area that warrants such.

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

All developments are subject to the same type of activity. There is a fluctuation of activity that is monitored and responded to by the allocation of additional resources to any area that warrants such

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (**Attachment Filename: IN015f01**)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

SBHA Pet policy meets requirements of the July 10, 2000 Final Rule and 24 CFR Part 960

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. ☒ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.
High performing and small PHAs are not required to complete this component.

1. ☒ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
☐ Not applicable
☐ Private management
☐ Development-based accounting
☒ Comprehensive stock assessment
☐ Other: (list below)
3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)

☒ Provided below:

There were three questions. These questions were about 1) homeownership program for public housing and 2) rent structure (specifically flat rents and how SBHA arrived at our figures) and 3) the pet policy.

Q1) Concerning homeownership; are single individuals eligible for this program?

A1) We currently have only one bedroom apartments in our housing stock. The SBHA occupancy standards house families based on the number of bedrooms and family members. Currently SBHA requires at least one person per/bedroom. Thus one person would not qualify for a two-bedroom home.

Q2) What are the requirements to be nominated for the homeownership program?

A1) There are three. These three are 1) you must have lived with SBHA in a development for 1- year, 2) you must have paid your rent on time nor had any housekeeping violations during that year, and 3) you must have had a job for a year.

Q3) Concerning the Pet Policy. When you list barking in the prohibited/potential disturbances for dogs, does that mean if our dogs bark we'll have to get rid of the dog?

A) No. The policy speaks to an "on-going" disturbance which is defined as continued barking for more than 10-minutes on more than one occasion. We have tried to word the policy so as to identify on-going chronic type of disturbances.

3. In what manner did the PHA address those comments? (Select all that apply)

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☒ Other: (list below) *Explained further some portions of the plan (as described in the Q/A above, this answered the questions.*

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. *Description of Resident Election Process*

- a. Nomination of candidates for place on the ballot: (select all that apply)
- ☐ Candidates were nominated by resident and assisted family organizations
 - ☐ Candidates could be nominated by any adult recipient of PHA assistance
 - ☒ Self-nomination: Candidates registered with the PHA and requested a place on ballot
 - ☒ Other: (describe) A list of 12 residents was selected by resident services staff, resident council members, and the executive director. This list was given with no preferences indicated to the Mayor.
- b. Eligible candidates: (select one)
- ☒ Any recipient of PHA assistance
 - ☐ Any head of household receiving PHA assistance
 - ☐ Any adult recipient of PHA assistance
 - ☐ Any adult member of a resident or assisted family organization
 - ☐ Other (list)
- c. Eligible voters: (select all that apply)
- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
 - ☒ Representatives of all PHA resident and assisted family organizations
 - ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (*St. Joseph County, Indiana*)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Deconcentration Plan (IN015a01) *Word file*
Plan for Community Service Obligation IN015c01) *Word file*
RASS Follow-up Plan (IN015d01) *Word file*
Organizational Chart (IN015e01) *.JPG file*
Capital Fund Files (IN015b01,g01,h01, i01 *Excel Files*
Drug Elimination Grant (IN015f01) *Word file*

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement

Capital Fund Program (CFP) Part I: Summary

See Attachment: IN015b01

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
	See Attachment: IN015h01		

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
	See Attachment: IN015g01	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
See Attachment: IN015b01				
Total estimated cost over next 5 years				

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>
		See Attachment: IN015b01						

SBHA Deconcentration Plan

The South Bend Housing Authority is committed to the concepts and practice of Deconcentration. Resolution #3659 by the Board of Commissioners of the Housing Authority was passed on June 29, 1999 attesting to and committing the Housing Authority to these principles.

The South Bend Housing Authority has conducted a development-by-development study of the income and race stratification in the Housing Authority's public housing program. The results of this analysis indicated that there was a range of less than \$2,500 between the "high" and "low" developments concerning income and no statistically significant difference in racial composition.

Based on these findings and the fact that HUD as yet to identify any threshold levels for the categories of income and racial composition of developments, SBHA will continually (monthly) monitor its income levels in all units/developments. If, after HUD publishes threshold levels and/or income band regulations, SBHA will comply with such regulations and definitions and/or seek voluntary relocation from residents to come within acceptable concentrations.

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part III: Implementation Schedule

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
IN-15-02, THE PLAZA	09/30/00			09/30/03			
IN-15-M2, MONROE CIRCLE	09/30/00			09/30/03			
IN-15-03A, NORTHWEST	09/30/00			09/30/03			
IN-15, QUADS	09/30/00			09/30/03			
IN-15-04, WESTCOTT	09/30/00			09/30/03			
IN-15-12, SCATTERED SITES	09/30/00			09/30/03			
IN-15-17/18, SCATTERED SITES	09/30/00			09/30/03			
IN-15-ALL	09/30/00			09/30/03			
Signature of Executive Director and Date				Signature of Public Housing Director or Office of Native American Programs Administrator and Date			
X				X			

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

Five-Year Action Plan

Part I: Summary

Comprehensive Grant Program (CGP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name: HOUSING AUTHORITY OF THE CITY SOUTH BEND, IN		Locality: (City/County & State) SOUTH BEND / ST. JOSEPH / INDIANA			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No:	
A. Development Number/Name	Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001	Work Statement for Year 3 FFY: 2002	Work Statement for Year 4 FFY: 2003	Work Statement for Year 5 FFY: 2004	
IN-15-02, THE PLAZA	See Annual Statement	\$50,000	\$15,000	\$0	\$0	
IN-15-M2, MONROE CIRCLE		\$0	\$0	\$0	\$0	
IN-15-03A, NORTHWEST		\$720,000	\$640,000	\$0	\$0	
IN-15-04, QUADS		\$0	\$0	\$0	\$0	
IN-15-04, WESTCOTT		\$20,000	\$15,000	\$0	\$0	
IN-15-12, SCATTERED SITES		\$297,500	\$0	\$0	\$0	
IN-15-17/18, SCATTERED SITES		\$0	\$350,000	\$980,000	\$1,225,000	
IN-15-ALL		\$403,078	\$245,000	\$540,578	\$207,733	
HA-Wide Contingency @ X%		\$0	\$0	\$0	\$0	
B. Physical Improvements Subtotal		\$1,490,578	\$1,265,000	\$1,520,578	\$1,432,733	
C. Management Improvements		\$69,000	\$68,000	\$54,000	\$59,695	
D. HA-Wide Nondwelling Structures & Equipment		\$0	\$231,578	\$0	\$90,000	
E. Administration		\$177,733	\$177,733	\$177,733		\$177,733
F. Other (Fees & Costs and Relocation)		\$40,000	\$35,000	\$25,000	\$17,150	
G. Operations		\$0	\$0	\$0	\$0	
H. Demolition	\$0	\$0	\$0	\$0		
I. Replacement Reserve	\$0	\$0	\$0	\$0		
J. Mod Used for Development	\$0	\$0	\$0	\$0		
K. Total CGP Funds	\$1,777,311	\$1,777,311	\$1,777,311	\$1,777,311		
L. Total Non-CGP Funds	\$0	\$0	\$0	\$0		
M. Grand Total	\$1,777,311	\$1,777,311	\$1,777,311	\$1,777,311		
Signature of Executive Director and Date:		Signature of Public Housing Director/Office of Native American Programs Administrator and Date:				
X		X				

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0
			\$0
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0
			\$0
	ON-DEMAND Building Exterior: None	Total B.E.:	\$0
			\$0
	ON-DEMAND Dwelling Units: None	Total DUs:	\$0
			\$0
	HA-WIDE Dwelling Equipment: None	Total D.E.:	\$0
			\$0
	HA-WIDE Interior Common Areas: None	Total ICAs:	\$0
			\$0
	HA-WIDE Site-Wide Facilities: None	Total SWFs:	\$0
			\$0
	HA-WIDE Nondwelling Equipment: None	Total NDE:	\$0
			\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0
			\$0
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0
			\$0
	ON-DEMAND Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	ON-DEMAND Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	HA-WIDE Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	HA-WIDE Interior Common Areas:		
	None		\$0
	HA-WIDE Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
			\$0
	HA-WIDE Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
			\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-01, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
			\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
			\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
			\$0

	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		\$0
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-01, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-02, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-02, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0

		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-03, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-03, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-04, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0

	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-04, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-05, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-05, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 2		
	FFY:2001		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IN-15-03A		
	Site: NORTHWEST		
	Comprehensive modernization of interior and exterior of dwelling structures physical improvements, plus comprehensive site improvements.		\$0
		Total Site:17 units	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0

		Total ICAs:	\$0
	Site-Wide Facilities: None	Total SWFs:	\$0
	Nondwelling Equipment: None	Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IN-15-03A Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 2 FFY:2001
----------------	---------------------------------------

for Year 1 FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-07, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-07, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0

	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-08, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-08, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-09, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-09, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-10, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-10, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		
		Total ICAs:	\$0
	Site-Wide Facilities:		\$0
	None		
		Total SWFs:	\$0
	Nondwelling Equipment:		\$0
	None		
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 2		
	FFY:2001		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-11, Anywhere Homes		
	Site:		\$0
	None		
		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		

	Site-Wide Facilities: None	Total ICAs:	\$0
			\$0
	Nondwelling Equipment: None	Total SWFs:	\$0
			\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-11, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 2 FFY:2001
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Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-12, Anywhere Homes Site: None	Total Site:	\$0
			\$0
	Mechanical and Electrical: None	Total M&E:	\$0
			\$0
	Building Exterior: None	Total B.E.:	\$0
			\$0
	Dwelling Units: None	Total DUs:	\$0
			\$0

	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-13, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-13, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-14, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-14, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-15, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-15, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		
		Total ICAs:	\$0
	Site-Wide Facilities:		\$0
	None		
		Total SWFs:	\$0
	Nondwelling Equipment:		\$0
	None		
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 2		
	FFY:2001		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-16, Anywhere Homes		
	Site:		\$0
	None		
		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		

	<div>Site-Wide Facilities: None</div> <div>Nondwelling Equipment: None</div>	Total ICAs:	\$0
			\$0
		Total SWFs:	\$0
			\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-16, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 2 FFY:2001
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for Year 1 FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-17, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-17, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0

	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-18, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-18, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-19, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-19, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-20, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-20, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		
		Total ICAs:	\$0
	Site-Wide Facilities:		\$0
	None		
		Total SWFs:	\$0
	Nondwelling Equipment:		\$0
	None		
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 2		
	FFY:2001		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-21, Anywhere Homes		
	Site:		\$0
	None		
		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		

	<div>Site-Wide Facilities: None</div> <div>Nondwelling Equipment: None</div>	Total ICAs:	\$0
			\$0
		Total SWFs:	\$0
			\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-21, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 2 FFY:2001
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Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-22, Anywhere Homes Site: None	Total Site:	\$0
			\$0
	Mechanical and Electrical: None	Total M&E:	\$0
			\$0
	Building Exterior: None	Total B.E.:	\$0
			\$0
	Dwelling Units: None	Total DUs:	\$0
			\$0

	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-23, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-23, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-24, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-24, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-25, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-25, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		
		Total ICAs:	\$0
	Site-Wide Facilities:		\$0
	None		
		Total SWFs:	\$0
	Nondwelling Equipment:		\$0
	None		
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 2		
	FFY:2001		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-26, Anywhere Homes		
	Site:		\$0
	None		
		Total Site:	\$0
	Mechanical and Electrical:		\$0
	None		
		Total M&E:	\$0
	Building Exterior:		\$0
	None		
		Total B.E.:	\$0
	Dwelling Units:		\$0
	None		
		Total DUs:	\$0
	Dwelling Equipment:		\$0
	None		
		Total D.E.:	\$0
	Interior Common Areas:		\$0
	None		

	<div>Site-Wide Facilities:</div> <div>None</div> <div>Nondwelling Equipment:</div> <div>None</div>	Total ICAs:	\$0
			\$0
		Total SWFs:	\$0
			\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-26, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement	Work Statement for Year 2 FFY:2001
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Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-27, Anywhere Homes Site: None	Total Site:	\$0
			\$0
	Mechanical and Electrical: None	Total M&E:	\$0
			\$0
	Building Exterior: None	Total B.E.:	\$0
			\$0
	Dwelling Units: None	Total DUs:	\$0
			\$0

	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-28, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-28, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-29, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior:		

	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
Subtotal of Estimated Cost			\$0

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1	Work Statement for Year 4		
	FFY: 2003		
FFY:2000	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-29, Anywhere Homes		
	Site:		
	None		\$0
		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0

	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 2 FFY:2001		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	XX Y-30, Anywhere Homes Site: None		\$0
		Total Site:	\$0
	Mechanical and Electrical: None		\$0
		Total M&E:	\$0
	Building Exterior: None		\$0
		Total B.E.:	\$0
	Dwelling Units: None		\$0
		Total DUs:	\$0
	Dwelling Equipment: None		\$0
		Total D.E.:	\$0
	Interior Common Areas: None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities: None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment: None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-30, Anywhere Homes Site: None		\$0

See Annual Statement		Total Site:	\$0
	Mechanical and Electrical:		
	None		\$0
		Total M&E:	\$0
	Building Exterior:		
	None		\$0
		Total B.E.:	\$0
	Dwelling Units:		
	None		\$0
		Total DUs:	\$0
	Dwelling Equipment:		
	None		\$0
		Total D.E.:	\$0
	Interior Common Areas:		
	None		\$0
		Total ICAs:	\$0
	Site-Wide Facilities:		
	None		\$0
		Total SWFs:	\$0
	Nondwelling Equipment:		
	None		\$0
		Total NDE:	\$0
	Subtotal of Estimated Cost		\$0

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
HA-Wide Physical Improvements		
HA-WIDE Site: None		\$0
	Total Site:	\$0
ON-DEMAND Mechanical and Electrical: None		\$0
	Total M&E:	\$0
ON-DEMAND Building Exterior: None		\$0
	Total B.E.:	\$0
ON-DEMAND Dwelling Units: None		\$0
	Total DUs:	\$0
HA-WIDE Dwelling Equipment: None		\$0
	Total D.E.:	\$0
HA-WIDE Interior Common Areas: None		\$0
	Total ICAs:	\$0
HA-WIDE Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
HA-WIDE Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
HA-Wide Physical Improvements		
HA-WIDE Site: None		\$0
	Total Site:	\$0
ON-DEMAND Mechanical and Electrical: None		\$0
	Total M&E:	\$0
ON-DEMAND Building Exterior:		

None		\$0
	Total B.E.:	\$0
ON-DEMAND Dwelling Units:		
None		\$0
	Total DUs:	\$0
HA-WIDE Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
HA-WIDE Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
HA-WIDE Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
HA-WIDE Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-01, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0

Site-Wide Facilities: None		\$0
Nondwelling Equipment: None	Total SWFs:	\$0
Nondwelling Equipment: None	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-01, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None	Total Site:	\$0
	Total M&E:	\$0
	Total B.E.:	\$0
	Total DUs:	\$0
	Total D.E.:	\$0
	Total ICAs:	\$0
	Total SWFs:	\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-02, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of ____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-02, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
		\$0
		\$0
		\$0

	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-03, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-03, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-04, Anywhere Homes Site: None Mechanical and Electrical: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0

Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____
U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

form HUD-52834 (10/96)
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-04, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-05, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-05, Anywhere Homes Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
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Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
IN-15-03A Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0

	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
IN-15-03A Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002
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Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-07, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of ____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-07, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0

Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-08, Anywhere Homes		
Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-08, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-09, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior:		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0

None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-09, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-10, Anywhere Homes		
Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-10, Anywhere Homes		
Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-11, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0

	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-11, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002
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Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-12, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of ____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-12, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0

Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-13, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-13, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-14, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior:		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
		\$0

None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-14, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-15, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-15, Anywhere Homes Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

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U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-16, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0

Site-Wide Facilities: None	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
Nondwelling Equipment: None		\$0
		\$0
	Total NDE:	\$0
		\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-16, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
		\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
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Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-17, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of ____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-17, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0

Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-18, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-18, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-19, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior:		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
		\$0

None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-19, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-20, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-20, Anywhere Homes Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
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Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-21, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0

	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
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Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-21, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
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Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-22, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

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U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-22, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0

Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

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U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
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Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-23, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of ____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-23, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-24, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior:		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0

None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
and Urban Development
Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-24, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-25, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-25, Anywhere Homes Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-26, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0

	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-26, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002
--

Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-27, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

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Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-27, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0

Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-28, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-28, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
	Total B.E.:	\$0
		\$0
	Total DUs:	\$0
		\$0
	Total D.E.:	\$0
		\$0
	Total ICAs:	\$0
		\$0
	Total SWFs:	\$0
		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-29, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior:		\$0
	Total Site:	\$0
		\$0
	Total M&E:	\$0
		\$0
		\$0

None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing OMB Approval No. 2577-0157 (7/31/98)
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Office of Public and Indian Housing

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-29, Anywhere Homes		
Site:		
None		\$0
	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0

Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 3 FFY: 2002		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-30, Anywhere Homes Site: None		\$0
	Total Site:	\$0
Mechanical and Electrical: None		\$0
	Total M&E:	\$0
Building Exterior: None		\$0
	Total B.E.:	\$0
Dwelling Units: None		\$0
	Total DUs:	\$0
Dwelling Equipment: None		\$0
	Total D.E.:	\$0
Interior Common Areas: None		\$0
	Total ICAs:	\$0
Site-Wide Facilities: None		\$0
	Total SWFs:	\$0
Nondwelling Equipment: None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

of _____ form HUD-52834 (10/96)
U. S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 5 FFY: 2004		
Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
XX Y-30, Anywhere Homes Site: None		\$0

	Total Site:	\$0
Mechanical and Electrical:		
None		\$0
	Total M&E:	\$0
Building Exterior:		
None		\$0
	Total B.E.:	\$0
Dwelling Units:		
None		\$0
	Total DUs:	\$0
Dwelling Equipment:		
None		\$0
	Total D.E.:	\$0
Interior Common Areas:		
None		\$0
	Total ICAs:	\$0
Site-Wide Facilities:		
None		\$0
	Total SWFs:	\$0
Nondwelling Equipment:		
None		\$0
	Total NDE:	\$0
Subtotal of Estimated Cost		\$0

Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY:2000	Work Statement for Year FFY:2001			Work Statement for Year 3 FFY: 2002		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual	IN-15-03A - NORTHWEST SITE Comprehensive modernization of interior of dwelling structures.	20 units	\$640,000	IN-15-03A - NORTHWEST SITE Comprehensive modernization of interior of dwelling structures.	20 units	\$640,000
	Parking Lots for site		\$80,000	IN-15-17 & IN-15-18 - SCATTERED SITES Comprehensive modernization of interior and exterior of dwelling structures physical improvements, plus comprehensive site improvements.	10 units	\$350,000
	IN-15-12 - SCATTERED SITES Comprehensive modernization of interior and exterior of dwelling structures physical improvements, plus comprehensive sites.	17 units	\$297,500	IN-15-2E & IN-15-4 - HI-RISE Replace trash compactors	2 units	\$30,000
	IN-15-2E - HI-RISE Power wash building	1 building	\$30,000	IN-15-PHA-WIDE Landscaping at all sites		\$25,000
	IN-15-2E & IN-15-4 - HI-RISE Wash windows	2 buildings	\$40,000	Wrought iron fencing at Scattered Sites		\$60,000
	IN-15-PHA-WIDE Develop/Acquire New Housing Units		\$403,078	Sidewalk repair at all sites		\$125,000
	Staff & Commissioner Training		\$20,000	Ranges & refrigerators		\$35,000
	Annual Report		\$7,500	Three (3) Maintenance vehicles	3 vehicles	\$45,000
	Resident Initiatives		\$8,000	Computer equipment		\$125,000
	Executive Director's Vehicle Exp		\$8,500	One (1) 15-passenger van for Resident Services	1 van	\$25,000
	Computer Upgrade		\$25,000	Maintenance/Force Account Tools		\$36,578
	Administration - 1/8 wages & benefits for Executive Director, Finance Manager, & 3 Sr. Accts, 25% - Warehouse Clerk, 100% - Development Mgr & Dev Secretary & Construction Inspector & Sundry		\$177,733	Staff & Commissioner Training		\$20,000
	A&E Fees		\$40,000	Annual Report		\$7,500
				Resident Initiatives		\$12,000
				Executive Director's Vehicle Exp		\$8,500
				Computer Upgrade		\$20,000
				Administration - 1/8 wages & benefits for Executive Director, Finance Manager, & 3 Sr. Accts, 25% - Warehouse Clerk, 100% - Development Mgr & Dev Secretary & Construction Inspector & Sundry		\$177,733
				A&E Fees		\$35,000
	Subtotal of Estimated Cost		\$1,777,311	Subtotal of Estimated Cost		\$1,777,311

Five-Year Action Plan

Part III: Supporting Pages

Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U. S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 FFY:2000	Work Statement for Year 4 FFY: 2003			Work Statement for Year 5 FFY: 2004		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	IN-15-17 & IN-15-18 - SCATTERED SITES Comprehensive modernization of interior and exterior of dwellingstructures physical improvements, plus comprehensive site improvements.	28 units	\$980,000	IN-15-17 & IN-15-18 - SCATTERED SITES Comprehensive modernization of interior and exterior of dwellingstructures physical improvements, plus comprehensive site improvements.	35 units	\$1,225,000
	IN-15-PHA-WIDE Develop/Acquire New Housing Units		\$540,578	IN-15-PHA-WIDE Develop/Acquire New Housing Units		\$177,733
	Staff & Commissioner Training		\$20,000	Check valves for all sites		\$10,000
	Annual Report		\$7,500	Ranges & refrigerators		\$20,000
	Resident Initiatives		\$8,000	Two (2) Maintenance vehicles	2 vehicles	\$30,000
	Executive Director's Vehicle Exp		\$8,500	Computer equipment		\$35,000
	Computer Upgrade		\$10,000	One (1) 15-passenger van for Resident Services	1 van	\$25,000
	Administration - 1/8 wages & benefits for Executive Director, Finance Manager, & 3 Sr. Accts, 25% - Warehouse Clerk, 100% - Development Mgr & Dev Secretary & Construction Inspector & Sundry		\$177,733	Staff & Commissioner Training		\$20,000
	A&E Fees		\$25,000	Annual Report		\$7,500
				Resident Initiatives		\$8,000
				Executive Director's Vehicle Exp		\$8,500
				Computer Upgrade		\$15,695
				Administration - 1/8 wages & benefits for Executive Director, Finance Manager, & 3 Sr. Accts, 25% - Warehouse Clerk, 100% - Development Mgr & Dev Secretary & Construction Inspector & Sundry		\$177,733
				A&E Fees		\$17,150
	Subtotal of Estimated Cost		\$1,777,311	Subtotal of Estimated Cost		\$1,777,311

Implementation of Public Housing Resident Community Service Requirement

SBHA COMMUNITY SERVICE PLAN

Adult members of assisted families must participate for at least 8 hours a month, 96 hours per year, in community service or economic self-sufficiency training. This does not apply to elderly persons, disabled person, persons already working, persons exempt from work requirement under the State Welfare to Work Program, or persons receiving assistance under a State program that have not been found to be in noncompliance with such a program. The South Bend Housing Authority will refuse to renew the resident's 12-month lease for failure to satisfy this community service requirement.

Resident Services will provide residents with information about volunteer opportunities. By letting residents know who needs help will stimulate the desire to volunteer and at the same time it will give area non-profit organizations a means to promote their goals and needs for volunteers.

Our vision for the future is a community, in which every resident understands the importance of volunteerism and self-responsibility, values these concepts, and consciously promotes them in some capacity. Resident Services will achieve this vision by serving as:

- The neutral convening force for building collaborative activities with individuals and organizations to address these community needs and provide places for community service to be performed.
- The place to come to locate resources, address issues, and resolve problems that impact the quality of life in the community.

Community service can be performed in a variety of venues. Whether its entering data into computers to sorting food the resident services staff will have opportunities for all residents eligible to complete their hours. Time commitments can range from just a few hours for a single project to as much time as you have available on an ongoing basis. This will be an opportunity to try something new, learn new skills and meet new people.

Residents should fill out the volunteer registration form, which can be obtained from resident services. You will be contacted within 5 working days to discuss some of the volunteer options that are of interest.

After the area of interest has been determined and the skills assessed the resident is now ready to attend a class on work place etiquette before going out to the non-profit agencies to volunteer.

The resident will receive a time card/form that the non-profit agency will use to tally volunteer work hours. The non-profit agency will return the form via mail to Resident Services Department after each volunteer service provided.

Once the resident has completed the 96 hours of volunteer service requirement, the Resident Services Department will notify him/her. This information will also be forwarded to the Housing Managers to coincide with recertification dates. A list of residents meeting the requirements of performing volunteer work will be obtained from the MIS department on a timely basis.

Implementation of RASS Follow-up Plan

SBHA RASS Follow-Up Plan

The South Bend Housing Authority (SBHA) takes very seriously the results of the Customer Satisfaction Survey. While additional information regarding question specific responses by question and development would make the development of a follow-up easier and more importantly more responsive to actual results, we have benefited from the process of formulating this plan. The plan will address the areas of Safety and Services.

Services:

The SBHA has undergone reorganization since the survey was completed. This reorganization divided the HA staff into east and west sides. One result of this process will be a greater familiarity/relationship between the residents and the staff. We expect this to improve the response time, degree of commitment to individual work orders, commitment to ensuring that repeated calls are not necessary, and communication and respect between the resident and “their” staff person.

Additionally, the reorganization has now been completed and corrected phone numbers have been distributed on an Authority wide basis. This will help ensure quick and responsive response time to all work orders.

The SBHA currently attends to all emergency work orders within 24-hours. The HA is working to improve its time of completion of non-emergency work orders to within 10-days.

In the area of services, the SBHA has recently re-contracted its pest control services. This new service provider, along with a new resident orientation program that stresses proper cleaning and waste disposal methods, should alleviate and pest control problems.

Safety:

The SBHA since the survey was completed has undertaken a major effort at increasing the lighting in and around all developments and their parking areas. This effort is using substantial CGP funds and should allow residents to be clearly seen in any area surround any development. This cannot help but improve the feelings of safety in all residents and the public.

Additionally, the SBHA has reaffirmed its commitment to the Neighborhood Watch program. Active Neighborhood Watch programs are anticipated for each development. moreover, the SBHA has recently implemented a safety program targeting seniors and their special concerns.

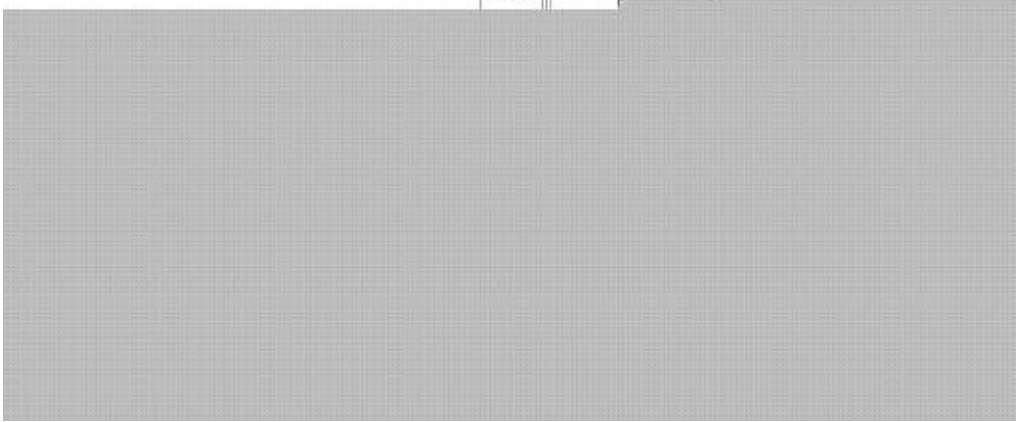
The SBHA is a PHDEP recipient and has recently taken steps to ensure that the part-time off duty police officers it hires are highly visible in their “walk & talks” within the developments.

It is thought that such a presence will add to both the real and perceived feelings of safety of the residents.

Office of
Community Development

Executive Director

South Bend Housing Authority



Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

- A. Amount of PHDEP Grant \$193,006
- B. Eligibility type (Indicate with an “x”) N1_____ N2_____ R XX
- C. FFY in which funding is requested 2001
- D. Executive Summary of Annual PHDEP Plan

The South Bend Housing Authority, in response to resident input and crime data, will target crime reduction, drug elimination, and drug prevention resources to those developments and residents deemed most at risk. This year, with the continuation of our Education/Prevention manager, it is anticipated that SBHA will continue to realize increased coordination and comprehensiveness from its PHDEP resources.

E. Target Areas

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Northwest/Laurel Court/South Bend Ave.	108	357
Monroe Circle/Plaza	225	394
West Scott/Quads	185	183
Harber Homes	55	217
Twyckenham/Edison Gardens	38	108
Turnkey III's	8	22
Scattered Sites	234	736
Total	853	2017

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

6 Months_____ 12 Months XX 18 Months_____ 24 Months_____ Other _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	261,600	IN36DEP015095	0		
FY 1996	258,300	IN36DEP015096	0		
FY 1997	261,600	IN36DEP015097	0		
FY1998	261,600	IN36DEP015098	0		
FY 1999	185,190	IN36DEP015099	127,873.15		

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2000 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	67,000
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	126,006
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	193,006

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 67,000.00		
Goal(s)	Increase Resident Trust of Law Enforcement in Developments						
Objectives	Increase Presence of Law Enforcement Officials in Developments						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.Walk & Talks			Jan 1, 2001	Dec 31, 2001	\$67,000.00		Greater indication of security as measured on PHDEP Survey.
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$126,006.00		
Goal(s)	Increase Participation of Youth in Programs and Education Activity						
Objectives	Increase Number of Youth Sports Participants and Homework Center Participants						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1. Increase recruitment activities and number of sports in which to participate.	119	6-17 year olds HA-wide	Jan 1, 2001	Dec 31, 2001	\$53,006		Increase of 10% measures against 1999- 2000
2.Retain Current Personnel	2017	ALL PHA	Jan 1, 2001	Dec 31, 2001	\$73,000		Increase of 10% in number of students in Homework Centers as measured against 1999-2000
3.							

9170 - Drug Intervention	Total PHDEP Funding: \$
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Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
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<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	Activity 1	\$73,406	0	\$67,000
9120				
9130				
9140				
9150				
9160	Activitiy 1	46,000	73,000	126,006
9170				
9180				
9190				
TOTAL		\$112,000		193,006

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0157 (7/98)

Comprehensive Grant Program (CGP) Part I: Summary

Office of Public and Indian Housing

HA Name HOUSING AUTHORITY OF THE CITY OF SOUTH BEND	Comprehensive Grant Number IN36P01570900	FFY of Grant Approval 2000
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☒ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☐ Revised Annual Statement/Revision Number _____
 ☐ Performance and Evaluation Report for Program Year Ending _____

☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$53,000.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$177,733.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$20,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$18,195.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$1,335,383.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$98,000.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$50,000.00	\$0.00	\$0.00	\$0.00
15	1495.1 Relocation Cost	\$25,000.00	\$0.00	\$0.00	\$0.00
16	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
17	1498 Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
18	1502 Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
19	Amount of Annual Grant (Sum of lines 2-19)	\$1,777,311.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 19 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

X

X

- 1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
2 To be completed for the Performance & Evaluation Report

Page __1__ of __1__

facsimile form HUD-52837 (10/96)
ref Handbook 7485.3